

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083

Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703

E-Mail: web@dsps.wi.gov

Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING

APPLICATION FOR PRIVATE SECURITY PERMIT

Under Wisconsin law, the Department may deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats).

Your name and address are available to the public.

☐ Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14)

SECTION A: TEMPORARY PERMIT and REGULAR PERMIT

☐ Check this box only if you wish to request and pay the fees for both a temporary permit and a regular permit at this time. If the Department receives a satisfactory name background check, it will initially issue you a temporary permit. This permit will expire at the end of 30 days. You will not be permitted to carry a firearm under a temporary permit. Upon receipt of a satisfactory state and federal criminal record search, the Department will issue you a regular permit. Please enclose a check or money order made payable to the Department of Regulation and Licensing for \$93. Enclose a recent photograph of head and shoulders with your name printed on the photograph, and the FBI Authorization for Release of FBI Information (Form #2687).

SECTION B: REGULAR PERMIT

☐ Check this box if you wish to request a regular permit. The Department will hold your application until it has received the state and federal criminal record search. You may not perform private security activities in Wisconsin until you have received a private security permit from the Department. Please enclose a check or money order made payable to the Department of Regulation and Licensing for \$75. Enclose a recent photograph of head and shoulders with your name printed on the photograph, and the FBI Authorization for Release of FBI Information (Form #2687).

TYPE OR PRINT LEGIBLY IN INK

Enter Your Name (Last name, First Name, Middle Initial)

Enter the Address At

Which You Reside. (A Number Street P.O. Box
P.O. Box alone is not sufficient for licensing.) City State Zip Code

Have you ever held a private security credential in the state of Wisconsin? ☐ Yes ☐ No If yes, provide credential number

The private security credential will expire on August 31 of the even-numbered year. It may be renewed for a two year period at that time.

APPLICATION FEES: Make check payable to Department of Regulation and Licensing and attach to application.

For Receipting Use Only

☐ Temporary Permit & Regular Permit
\$ 75.00 Initial credential fee
\$ 8.00 Name background check
\$ 10.00 Temporary permit
\$ 93.00 Total fee due

☐ Regular Permit Only
\$ 75.00 Initial credential fee

☐ Reinstatement (credential expired more than 5 years)
(Digital fingerprints are required.)
\$ 132.00 Credential fee

Department Use Only	
Registration Type 108	Permit Number
Date Granted	Date Expires
CIB Name Check Done (if required):	

Wisconsin Department of Safety and Professional Services

IDENTIFICATION INFORMATION, RELATING TO FINGERPRINT CARDS

Height	Weight	Eye Color	Hair Color	Sex	Date of Birth	Place of Birth
				<input type="checkbox"/> Male <input type="checkbox"/> Female	____ Month ____ Day ____ Year	
How Do You Describe Yourself? <input type="checkbox"/> White, not of Hispanic Origin <input type="checkbox"/> Black, not of Hispanic Origin <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other					Daytime Telephone Number: (____) _____	

STATEMENT OF ARREST OR CONVICTION: MARK AN X IN THE APPROPRIATE BOX.

If you answer **YES** to any questions, give all details on a separate sheet.

	YES	NO
A. Have you EVER been convicted of a MISDEMEANOR, OPERATING WHILE INTOXICATED (OWI) , a VIOLATION of any federal, state or local law, OR are criminal or OWI charges currently pending against you in this or any other state? <u>If YES, complete and attach Form #2252, Convictions and Pending Charges.</u>	<input type="checkbox"/>	<input type="checkbox"/>
B. Have you EVER been convicted of a VIOLATION of any federal, state or local law or municipal ordinance that is punishable by a fine or forfeiture in this or any other state? <u>If YES, complete and attach Form #2252, Convictions and Pending Charges.</u>	<input type="checkbox"/>	<input type="checkbox"/>
C. Have you EVER been convicted of a FELONY in this or any other state OR are FELONY charges currently pending AGAINST YOU. <u>If YES, complete and attach the Convictions and Pending Charges (Form #2252).</u>	<input type="checkbox"/>	<input type="checkbox"/>
D. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? <u>If YES, give details on an attached sheet, including the name of the profession and the agency.</u>	<input type="checkbox"/>	<input type="checkbox"/>
E. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? <u>If YES, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</u>	<input type="checkbox"/>	<input type="checkbox"/>
F. Is disciplinary action pending against you in any jurisdiction? <u>If YES, attach a sheet providing details about pending action, including the name of the agency and status of action.</u>	<input type="checkbox"/>	<input type="checkbox"/>
G. Have any suits or claims ever been filed against you as a result of professional services? <u>If YES, submit a copy of the claim or suit and a copy of the final settlement or disposition.</u>	<input type="checkbox"/>	<input type="checkbox"/>
H. Do you currently hold, or have you in the past held, any credential (license) issued by the Department of Regulation and Licensing or any of the Boards? <u>If YES, what type of credential?</u>	<input type="checkbox"/>	<input type="checkbox"/>

And if in another name, what name? _____

LIST ANY OTHER NAMES YOU HAVE EVER USED (e.g., Legal Name Change, Maiden Name, Alias), AND ESPECIALLY, ANY NAMES UNDER WHICH YOU HAVE BEEN ARRESTED.

APPLICANT MUST SIGN

I state that I am the person referred to on this application and that all the answers set forth are each and all strictly true in each respect. I understand that omissions, misleading, false or forged statements made in connection with this application may be grounds for denial or revocation of my permit or other disciplinary action. I also understand that if I am issued a permit, failure to comply with the laws or rules of the Department of Regulation and Licensing will be cause for disciplinary action.

I also understand and agree that, if I have checked the box under SECTION A on page 1, I will receive a temporary permit that is valid for 30 days. I understand that I may not receive a permit to carry a firearm while holding a temporary permit. I also understand that the temporary permit may not be renewed; therefore, if the Department has not received the FBI criminal record report by the end of the 30 days, I will not be permitted to act as a private security person until the Department has received a satisfactory report and has issued me a regular private security permit. I agree to comply with these requirements.

My fingerprints have been submitted to Promissor on _____ (date)

This application must be submitted within 14 days after submission of fingerprints.

Signature of Applicant

Date

Wisconsin Department of Safety and Professional Services

SECTION C: TO BE COMPLETED BY AGENCY EMPLOYER

Enter Name of Employing Agency:

Exactly As It Appears on the Agency's License.

Enter the Employing Agency's License Number:

As It Appears on the Agency's License.

Enter the Business Address of the Employing Agency's Main Office:

Number

Street

PO Box

City

State

Zip Code

Enter the Main Office Telephone Number.

()

SIGNATURE OF AGENCY EMPLOYER

THE FOLLOWING STATEMENT MUST BE SIGNED BY A PERSON WHO HAS THE AUTHORITY TO SIGN ON BEHALF OF THE AGENCY:

This is to certify that the agency identified in SECTION C above will assume responsibility for the private security applicant pursuant to the Department rules and will notify the Department of any change in employment within 5 days after the change. I further state that I have read the statement signed by the applicant at the bottom of page 2 and the agency agrees to comply with the requirements enumerated in the statement.

To my knowledge all statements on this application are complete, true and correct.

Signature of Agency Sole Proprietor, Officer, Partner, Member, Manager or Supervisor

Date

Print or Type Name of Person Signing Above.

Wisconsin Department of Safety and Professional Services

CERTIFICATION OF LEGAL STATUS.

I declare under penalty of law that I am (check one):

_____ a citizen or national of the United States, or

_____ a qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

ALL APPLICANTS MUST COMPLETE THIS SECTION

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause for disciplinary action.

Signature of Applicant

Date

Wisconsin Department of Safety and Professional Services

SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.¹ A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

First Name	Middle Initial	Last Name
------------	----------------	-----------

Profession

Date of Birth

month

day

year

$$\begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} - \begin{array}{|c|c|} \hline & \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline & & & \\ \hline \end{array}$$

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,² to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,³ and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.⁴

EMAIL ADDRESS:

Do you have an email address?

☐ Yes

□ No

If yes, this field is required to receive your application status electronically. Your email address must be clearly legible with the correct case sensitive information.

EMAIL ADDRESS: Submit your email address in the spaces provided below or attach a printer copy.

[illegible]

If no, your checklist will be sent by first class mail.

¹ Section 440.03 (11m), Wis. Stats.

² Sections 49.22, and 440.13, Wis. Stats.

³ Section 440.12, Wis. Stats.

⁴ Health Insurance Portability and Accountability Act (HIPAA) of 1996